

Department of Labor—Management
Standards Enforcement
Washington, D.C. 20216
(201) 455-4777

Form approved.—OMB
No. 44R-1137.1.

File No. | E- 4314
(To be assigned by U.S. Dept. of Labor)

Two copies.

Refer to Instructions on Page 3

<div>Full Name of Reporting Employer (including trade name, if any) and mailing address (Street Number, City, State, ZIP Code).</div> <div>European MotorCars Des Moines 9999 Hickman Road Urbandale, IA 50322</div> <div>Address of Principal Office, if different from address in Item 1.</div> <div>Any other address or addresses at which records necessary to verify this report will be available for examination.</div> <div>Type of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)</div> <div>Industrial Classification (Check appropriate box(es)): <table><tr><td>Manufacturing</td><td>Mining</td><td>Construction</td><td>Transportation</td><td>Communication and Utilities</td><td>Wholesale and Retail Trade</td><td>Finance, Insurance and Real Estate</td><td>Services</td><td>Other (Specify)</td></tr><tr><td>A <input type="checkbox"/></td><td>B <input type="checkbox"/></td><td>C <input type="checkbox"/></td><td>D <input type="checkbox"/></td><td>E <input type="checkbox"/></td><td>F <input checked="" type="checkbox"/></td><td>G <input type="checkbox"/></td><td>H <input type="checkbox"/></td><td>I <input type="checkbox"/></td></tr></table></div>	Manufacturing	Mining	Construction	Transportation	Communication and Utilities	Wholesale and Retail Trade	Finance, Insurance and Real Estate	Services	Other (Specify)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input checked="" type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>	<div>4. Report relating to fiscal period: Beginning January 1, 2002 and Ending December 31, 2002 5. Indicate by checking appropriate box where records necessary to verify this report will be available for examination. <input checked="" type="checkbox"/> Address in Item 1 <input type="checkbox"/> Address in Item 2 <input type="checkbox"/> Address in Item 3</div>
Manufacturing	Mining	Construction	Transportation	Communication and Utilities	Wholesale and Retail Trade	Finance, Insurance and Real Estate	Services	Other (Specify)											
A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input checked="" type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>											

READ CAREFULLY THE FOLLOWING QUESTIONS, TAKING INTO CONSIDERATION THE EXCLUSIONS LISTED FOR ITEMS 8A THROUGH 8F OF THE INSTRUCTIONS (SEE PAGE 3). IF YOUR ANSWER TO ANY OF THE QUESTIONS IS "YES," CHECK THE BOX IMMEDIATELY FOLLOWING THE QUESTION AND COMPLETE PART B, A COPY OF WHICH APPEARS ON THE REVERSE SIDE. COMPLETE A SEPARATE PART B FOR EACH "YES" ANSWER TO ANY OF THE QUESTIONS NUMBERED 8A THROUGH 8F. IF THE ANSWER IS "YES" TO MORE THAN ONE PART OF THE SINGLE QUESTION OR FOR MORE THAN ONE PERSON OR ORGANIZATION, COMPLETE A SEPARATE PART B FOR EACH "YES" ANSWER TO THAT QUESTION.

1. QUESTION.—During the past fiscal year did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?
☒ No ☐ Yes. If "Yes," enter the number of Part B's required for this question
2. QUESTION.—During the past fiscal year did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?
☒ No ☐ Yes. If "Yes," enter the number of Part B's required for this question
3. QUESTION.—During the past fiscal year did you make any expenditures where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?
☒ No ☐ Yes. If "Yes," enter the number of Part B's required for this question
4. QUESTION.—During the past fiscal year did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?
☒ No ☐ Yes. If "Yes," enter the number of Part B's required for this question
5. QUESTION.—During the past fiscal year did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?
☐ No ☒ Yes. If "Yes," enter the number of Part B's required for this question1.....
6. QUESTION.—During the past fiscal year did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?
☒ No ☐ Yes. If "Yes," enter the number of Part B's required for this question

TOTAL NUMBER OF PART B'S REQUIRED FOR THIS REPORT IS



Name and Address of Reporting Employer

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☐ ☒ E Indicate in blocks at left, question number to which this Part B relates and the consecutive number of this Part B with respect to that question. (See example on page 2, 3d paragraph under "What Must Be Filed.")

9. PROVIDE THE FOLLOWING INFORMATION:

☒ Agreement ☒ Payment ☐ Both.

a. Name and address of person, committee, group or organization with whom or through whom a separate agreement was made or to whom payments or expenditures were made.

b. Position in labor organization or with employer (if an independent labor consultant, so state).

c. Name and address of firm or labor organization with whom employed or affiliated.

LRI Consulting Services, Inc.

7850 South Elm Place

Tulsa, OK 74011

Michael Penn

10. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made.

July 8, 2002

Mo. Day Yr.

☒ Oral ☐ Written

11. a. Date of each payment or expenditure	b. Amount of each payment or expenditure	c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
(1)	(1)	(1)
08-14-02	\$7,000.36	Check
(2)	(2)	(2)
(3)	(3)	(3)

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Attach any additional narrative sheets that are necessary to fully explain the required information.

Oral agreement to provide consultant to give speeches to employees to persuade them to not join a union.

SIGNATURE AND VERIFICATION

The above employer and each of his undersigned duly authorized officers, declares, under the applicable penalties of law, that all of the information in this report, including all documents referred to therein and attached hereto, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED Elaine P. Beckman PRESIDENT

At Des Moines Iowa On 09-05-02 (If other title, cross out and write in correct title above.)
City State Date

SIGNED Y. Buck CONTROLLER

At Des Moines Iowa On 09-05-02 (If other title, cross out and write in correct title above.)
City State Date

NOTE.—Only one Part B of an LM-10 report need be signed and verified since the Part B so executed will be deemed to cover and include all Part B's filed with the report.